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**INSIDE THIS ISSUE**

**FEATURES**






- 19 OREGON BOARD OF DENTISTRY WELCOMES DR. REZA SHARIFI**
- 20 RESPONSES TO “THE TRUTH ABOUT DENTISTRY”**
- 24 THE CULTURE OF BLAME**  
By Caroline Zeller, DDS
- 26 DR. CALIE ROA: FROM PUBLIC HEALTH TO INTEGRATED PATIENT CARE**

**DEPARTMENTS**

- 5 LETTER TO THE EDITOR**
- 7 NEW MEMBERS**
- 9 BOARD MEETING HIGHLIGHTS**
- 11 EVENTS AND EDUCATION**
- 13 MEMBER BENEFIT OF THE MONTH**  
UPS
- 15 COMPLIANCE CORNER**
- 28 DENTAL FOUNDATION OF OREGON**
- 31 OREGON HEALTH AND SCIENCE UNIVERSITY**
- 32 CLASSIFIED ADS**
- 34 INDEX TO ADVERTISERS**




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# Letter to the Editor

GUEST EDITORIAL

By Magda D'Angelis-Morris, DMD

## I AM AN EDUCATOR, ALLIED

**HEALTH CODA** Site Visitor, a dentist, and a patient. Today I write to you as a dentist, and I speak on my behalf only.

The current demand for competent dental assistants (DAs) in Oregon and in the nation is currently very high.

**There are misconceptions that the reason the current shortage exists is due to barriers to obtaining**

**credentials and certifications.** I find this not to be the case.

As a dentist, I completely empathize with how this shortage is affecting dentists and the way they run their practices. I get that!

On the other hand, as I interview dental assisting students and DAs through the years, I see the following:

1. Dental assistants are becoming DAs as a path to dental hygiene and dental school.
2. Dental assistants are working harder because they are being utilized to the full extent of their certifications.
3. Many do not value dental assistants.
4. Many dental assistants do not receive a living wage.

### *DAs are becoming DAs as a path to dental hygiene and dental school.*

As employers, we must change how we see the profession of dental assisting. I cannot tell you how many people use the language of: "Is dental assisting a stepping stone for you?" "Where do you want to be after dental assisting?" "What are your future plans?" If that is the language DAs and DA students are hearing, they

will believe that dental assisting is not a career. Yet, even with the current mobility of employees, there are many dental assistants still assisting, earning a living wage, happy with their jobs, and able to raise their families. We need to change our language and elevate them. They want to be valued, just like anyone else in the team.

### *Dental assistants are working harder because they are being utilized to the full extent of their certifications.*

DAs do want to do more, but they also burn out. Just like dentists do. Many are doing more for less. Business models have changed, and we need to make sure that we are asking what is reasonable and take into account their input.

### *Many do not value dental assistants.*

As I mentioned, I have interviewed and advised many DA students and externs over the years, and I can share that there are marked differences in how much DAs are valued and how they are treated. Dentistry is stressful, but we should take the time to treat others how we want to be treated. Simple. Many DAs do not feel they are treated well or receive respect. My question to you is this: Who is with the dentist all day long, side-by-side? A dental assistant. Let us give them the respect they deserve.

### *Many dental assistants do not receive a living wage.*

Pay them what they deserve. Take care of them. As you all know, a happy employee who is paid a living wage will not worry as much about the money and will be able to turn toward excellent patient care. Putting on my educator hat, we do not tell students how much they should ask for or how much they should be paid. However, students know to check websites to find out.

According to the Bureau of Labor Statistics, the national average hourly wage for dental assistants in May 2017 was \$18.60.<sup>1</sup> As a dentist, if you are still paying \$15.00 as a starting wage, you are not competitive. Please research.

I believe that we can increase the supply of dental assistants by making changes in our daily verbiage, valuing, and paying assistants a living wage. In addition, **schools need help marketing dental assisting as a career** to middle school and high school students and their parents. Pay your DAs to help promote your office and their profession. Ask them to speak to students about how rewarding their career is.

Removing check-offs and changing the standards will not increase supply, and it will not protect our patients.

Sincerely,

*Magda D'Angelis-Morris, DMD,  
MS Healthcare Management*

## Reference

1. Bureau of Labor Statistics. "Occupational Employment and Wages, 31-9091 Dental Assistants." May 2017. <https://www.bls.gov/oes/2017/may/oes319091.htm>.

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*The opinions expressed in this editorial are solely the author's own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.*



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Having graduated in 1991 from L.H. Bates Technical College, this marks his 27th year in the Dental Laboratory Industry. For nearly ten years, Richard was mentored by Gary Fritz while working with Dahlin Fernandez Fritz. Richard has sought specialty training throughout his career and is an experienced **All-On-Four® technician**.

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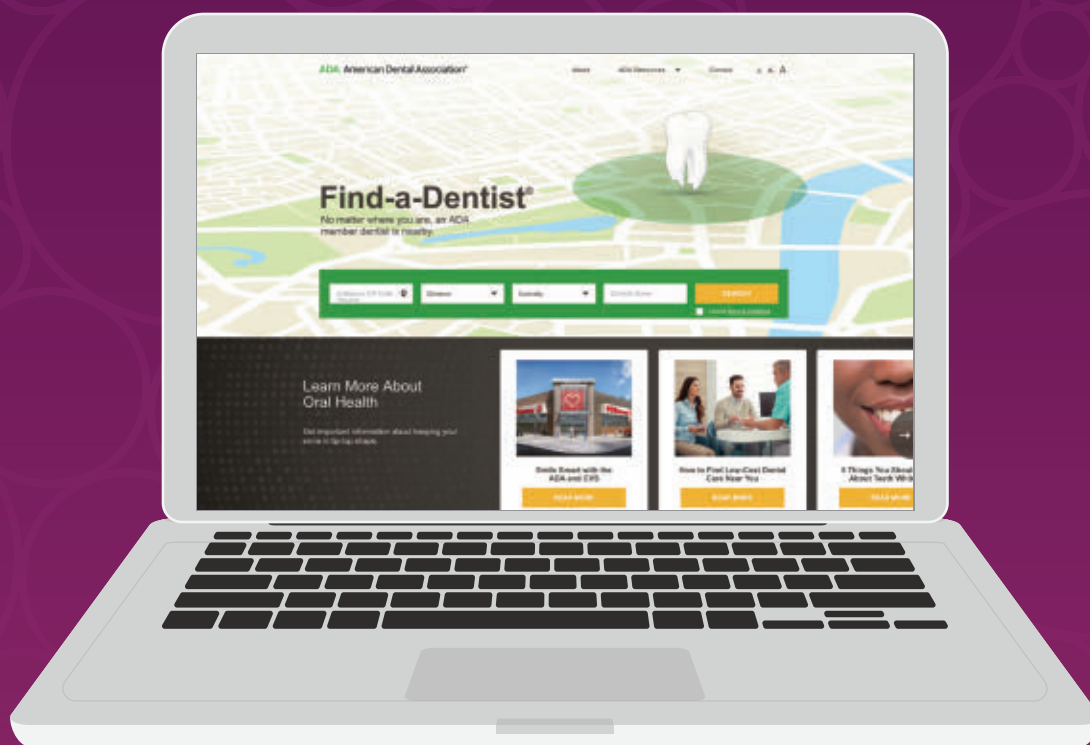


# Board Meeting Highlights

Saturday May 18, 2019

- Astra Practice Partners was renewed as an ODA Endorsed Program.
- Dr. Allen Cheng and Dr. Parisa Sepehri were appointed to a second term on the Annual Meeting Council.
- The Board voted to continue ODA's support of Senate Bill 835, which sets the criteria a dentist must meet in order to advertise that the dentist is a specialist.
- The ODA Wellness Committee is now active — requests for support can be submitted through the ODA website.
- A Letter of Understanding was approved to explore charitable collaborations between the ODA, the DFO and the Oregon Academy of General Dentistry Foundation. 📄

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# Events & Education Component CE Calendar



CONTINUING  
EDUCATION

Calendar provided by Mehdi Salari, DMD

Date	Host Dental Society	Course title	Speaker	Hours CE	Location	More Information
09/10/19	Marion & Polk	Social Media – How to Benefit my Office	Stew Bartlett & Ian McNickle	1.5	Salem (Boys & Girls Club)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
10/08/19	Marion & Polk	The Restoration of Endodontically Treated Teeth and Color & Shade Selection	Larry Over, DMD, MSD	1.5	West Salem (Roth's)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
10/15/19	Lane	Temporomandibular Joint Disorders	Dr. James X. Rapson	2	Eugene (LCC Main Campus)	www.lanedentalsociety.org or office@lanedentalsociety.org
10/16/19	Multnomah	Digital Dentistry	Samantha Jones & Kristen Minto	2	Milwaukee (MODA Plaza)	multdental@aol.com or lora@multnomahdental.org
10/28/19	Clackamas	Digital Marketing	Ian McNickle – WEO Media	2	Oregon City (Providence Willamette Falls Comm. Center)	www.clackamasdental.com or executivedirector@clackamasdental.com
11/08/19	Lane	New Generation of Hybrid Dentures	Dr. Marco Brindis	6	Eugene (LCC Main Campus)	www.lanedentalsociety.org or office@lanedentalsociety.org
11/12/19	Marion & Polk	Dental Profession's Role in Managing the Patient with Diabetes	Jaime Collins, RDH	1.5	West Salem (Roth's)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
12/06/19	Multnomah	Risk Management & Medical Emergencies	Chris Verbiest & Normund Auzins, DDS	7	Portland (McMenamins Kennedy School)	multdental@aol.com or lora@multnomahdental.org
12/10/19	Marion & Polk	To Extract Teeth or Not to Extract? The Power of Alveolar Development	Reid Amborn, DMD, MS	1.5	West Salem (Roth's)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
01/14/20	Marion & Polk	Review of CDC Guidelines for Infection Control in Dental Health Care Settings	TBA	2	West Salem (Roth's)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
01/15/20	Multnomah	Botox and TMD/TMJ	Akshay Govind, DMD, MD	2	Portland (OHSU School of Dentistry)	multdental@aol.com or lora@multnomahdental.org
02/11/20	Marion & Polk	Marijuana & Oral Health	Barry Taylor, DMD	1.5	West Salem (Roth's)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
02/18/20	Lane	Infection Control	Dr. Monica Monsantoifils	2	Eugene (LCC Main Campus)	www.lanedentalsociety.org or office@lanedentalsociety.org
03/18/20	Multnomah	3D Bioprinting/ Biomaterials and Tissue Engineering	Luiz Bertassoini, DDS, PhD	2	TBD	multdental@aol.com or lora@multnomahdental.org
03/10/20	Marion & Polk	Individual and Household Preparedness	Gregory Walsh	1.5	West Salem (Roth's)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
05/12/20	Marion & Polk	Oral Cancer/Oral Pathology	Daniel Petrisor, DMD, MD	1.5	West Salem (Roth's)	Contact Sabrina H. – marionpolkdentalsociety@gmail.com
05/20/20	Multnomah	Table Clinics	TBA	2	TBD	multdental@aol.com or lora@multnomahdental.org

Find this calendar online at [www.oregondental.org](http://www.oregondental.org). Click “Meetings & Events” > “Calendar of Events”.

# How to Identify Unknown Dental Implants

Implant Specialist Alex Rugh, CDT  
O'Brien Dental Lab



At O'Brien Dental Lab, we frequently receive requests for help in identifying unknown dental implants. In this article, I cover the best ways for you to determine what those mystery implants are.

## First, start with a CLEAR radiograph

Typically, the easiest place to start is with a radiograph. However, to be useful, it needs to be optimally oriented to capture the characteristics of the implant precisely. So, when taking an x-ray, it's essential to keep the following two things in mind:

- First, ensure that the sensor or film is parallel to the implant. Establishing this alignment will provide the clearest view of the implant's unique characteristics.
- Second, the x-ray should capture the entire implant. The most apical end of the implant is just as important as the interface during the identification process.



*Incorrect alignment*



*Correct alignment*

It may take multiple tries to get the ideal position, but this is essential for correct identification.

## Next, find a match using a dental implant database

Once you have a radiograph that shows clearly defined features, you can use an implant database to match those features to known implants. The two primary databases are:

- <https://whatimplantisthat.com>
- <https://osseosource.com>

Both sites work similarly. You can narrow the list of implant options by choosing specific characteristics from a drop-down menu. These characteristics include thread type, implant taper, holes, groves, and more. After you have narrowed your potential options, you can more easily compare them to your radiograph to find a match.

## Still unable to find a definitive match? Time to look at the parts.

While these online databases do their best to help you identify your patient's implant, you still may not be able to make a definitive ID. In this case, your next step is to capture detailed images of the implant parts using a traditional camera for inspection and identification. The two most important parts to capture are the screw and the interface of the abutment.



It's important that your pictures are sharp and close up. An SLR camera with a macro lens is ideal, but most modern smartphone cameras are adequate, as long as the phone is held steady and the image is taken with high zoom.

## "What Implant is That?" consulting services

For additional assistance, visit [whatimplantisthat.com](http://whatimplantisthat.com) and click on the "consult" button at the top left of the homepage.

We hope you found this article helpful. If you have any questions or comments, please email us at [implants@obrientalab.com](mailto:implants@obrientalab.com). To subscribe to our educational videos and articles, please visit [obrientalab.com/subscribe](http://obrientalab.com/subscribe) or scan the QR code below.

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Through UPS, Oregon Dental Association members can enroll in the program to receive new lower flat-rate pricing with savings of:

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Current program enrollees must call 1-800-MEMBERS to receive the improved shipping rates. If you're already a UPS customer, call the same number to check to see if your current UPS account is linked to the ADA Member program. First-time enrollees in the UPS savings program can also call or visit [savewithups.com/ada](https://savewithups.com/ada). 📍





Mark Van Dusen, DMD, Orthodontist

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Grant Gerke is the founder and president of Mountain Top Practice Transitions. He has 25 years experience in the dental industry and personally services the Western United States. Grant regularly publishes articles & conversations around dental practice transitions. Visit his website for industry news, current listings and associateship opportunities.  
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# Important Compliance Information: Prescription Drug Monitoring Program Registration

**ALL OREGON LICENSED DENTISTS WITH A DEA** number are now required to be registered with the State's Prescription Drug Monitoring Program (PDMP). In order to ensure that ODA members are in compliance with this new law, ODA worked with PDMP staff to identify which Oregon dentists have not yet registered. As of May 2019, there are 196 ODA members who are currently out of compliance with the law. The ODA strongly encourages all dentists who hold an active DEA license to ensure that their PDMP registration is up to date.

***I am retired or about to retire – do I still need to register?*** Yes — state law does not at this point have an exception for retired licensees. If your DEA license is active, state law requires that you register with the program.

***I don't prescribe often/ever – do I still need to register?*** Yes — according to state law, all providers with an active DEA number are required to register, regardless of your actual opioid prescription rate.

***I hold multiple DEA licenses – do I need to register all of them?*** While you do not need separate accounts for each DEA number, you must add all of your DEA numbers to your existing account. You can do this under the “My Profile” tab.

If you have not yet registered with the PDMP, please do so as soon as possible. You can access the registration portal at <http://www.orpdmp.com>. If you need assistance in confirming your registration, or have issues with the registration process, please contact PDMP staff at [pdmp.health@state.or.us](mailto:pdmp.health@state.or.us) or 971-673-0741. 📞

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**10/12/2019**  
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**Begins 10/19/2019**  
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**Dr. Thomas Eshraghi and Brad McAllister**

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**11/8-10/2019**  
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**Dr. Abdi Sameni**  
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 Participation 32 credits

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 Participation 16 credits (plus project)

**1/11/2020**  
**Success with Older and Medically Complex Patients**

**Dr. Randy Huffines**  
 Lecture 8 credits (1/11 only),  
 Participation 16 credits (plus project)

**1/23-26/20, 2/27-3/1, 3/19-22/20**  
**Comprehensive Training in Parenteral Moderate Sedation-Winter 2019**  
**Drs. Ken Reed, Amanda Okundaye, Stanley Malamed, Andrea Fonner**  
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**2/22/2020**  
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**Dr. Shikha Rathi**  
 Participatio 8 credits

**3/7-8/2020**  
**Howard Memorial Student Competition: Science, Tech and Treatment of Sleep Apnea**  
**Dr. Jeffery Horowitz**  
 Lecture 7 credits (3/7 only)  
 Participation 14 credits

**3/13-14/2020**  
**Intro to Advanced Claims: Maximizing Medical Claim Success for Your Practice**  
**Dr. Christ Farrugia**  
 Participation 14 credits

**4/17/2020**  
**Mastertrack - Surgical Implant Placement: More Best Practices**  
**Dr. Thomas Eshraghi**  
 Lecture 8 credits (4/17 only)

**4/18/2020**  
**Mastertrack - Ideal Esthetic Implant Resoration**  
**Dr. Amit Punj**  
 Lecture 8 credits (4/18 only)  
 Participation 16 credits (plus project)

**4/25/2020**  
**Site Preparation for Implants; Atraumatic Extraction**  
**Dr. Thomas Eshraghi**  
 Participation 8 credits

**Dates TBD**  
**Comprehensive Training in Parental Sedation - Summer 2020**  
**Drs. Ken Reed, Amanda Okundaye, Stanley Malamed, Andrea Fonner**  
 Participation 103 credits

\* Denotes Mastertrack courses, non-cohort seats available. All courses held in Portland unless otherwise noted

For more information, call us at 503-228-6266 or visit [www.oragd.org](http://www.oragd.org)



# Oregon Board of Dentistry Welcomes Dr. Reza Sharifi

**AT THEIR JUNE 2019 MEETING, THE OREGON** Board of Dentistry (BOD) welcomed their newest member, Dr. Reza Sharifi. A native Oregonian, Dr. Sharifi is an oral surgeon in Portland. He received his DMD from Boston University, then went on to complete his oral and maxillofacial surgery residency at the Tripler Army Medical Center in Honolulu, Hawaii. In addition to practicing in Portland, he is also a clinical assistant professor at OHSU School of Dentistry, in the Department of Oral and Maxillofacial Surgery.

Oregon statute grants authority to the Oregon Dental Association to recommend BOD candidates to the governor for appointment. The ODA conducted an open recruitment and received record levels of interest in the position by highly qualified members. When meeting with ODA's Leadership Development Committee (LDC) to discuss his candidacy, Dr. Sharifi impressed ODA leadership with his expertise on anesthesia and commitment to maintaining a high quality of care for all Oregonians.

The Oregon Society of Oral and Maxillofacial Surgeons (OSOMS) Board of Directors also endorsed Dr. Sharifi and upon LDC's approval, the ODA and OSOMS submitted a joint recommendation to the governor that Dr. Sharifi be appointed to the board. Dr. Sharifi appeared in front of the Senate Rules Committee in May, and then the full body confirmed his appointment. The ODA congratulates Dr. Sharifi on his new role and looks forward to working with him moving forward! 🎉



# Responses to “The Truth About Dentistry”

**IN MAY OF THIS YEAR,** *The Atlantic* published an article titled “The Truth About Dentistry” that told the story of a dentist accused of overtreating his patients and presented trends in dentistry which the author, Ferris Jabr, was concerned about. Everyone from the ADA President to the Dean of the Harvard School of Dental Medicine has responded to the article, and we wanted to give Oregon dentists the same opportunities. We hope that these brief commentaries challenge our dentists to continue to talk about informed consent, overtreatment, and our use of dentistry. Our profession is far from perfect, but with a commitment to self-critique and self-improvement, we will continue to provide the best care possible to our patients.



## Informed Consent

Barry Taylor, DMD, FAGD  
Assistant Professor, Restorative Dentistry  
OHSU School of Dentistry

It is ironic that an article criticizing the dental profession about its lack of evidence-based practice quotes an article from *Readers Digest* from 1997. For those not familiar, *Readers Digest* is not a peer-reviewed journal. Aside from the many other inflammatory comments in *The Atlantic* article, it is fair to say that it does raise questions about proper informed consent.

If true, the story about Dr. Lund is certainly disheartening, but let's use it as a lesson about dental ethics. The five principles of dental ethics are Patient Autonomy, Veracity, Non-maleficence, Justice, and Beneficence. Of particular interest in this case is Patient Autonomy, and narrowing it down, the concept of *informed consent*. One can think of *informed consent* as the minimal ethical standard for the relationship between the competent patient and the dentist. Simplifying the principle of *autonomy* is that patients should be involved in the decision making of their treatment. To make that proper decision is dependent on the dentist being true to the principle of *veracity* (or truth). As stated in the ADA's Code of Ethics, "The dentist has a duty to communicate truthfully" with the patient.

What is highlighted in the article, although never explicitly stated, is that the dentist needs to be truthful so that the patient can provide proper informed consent. Complicating this relationship is that the dentist-patient power dynamic isn't necessarily equal. The author describes this relationship in a sensationalized manner, saying there is indeed a "power imbalance" between the patient and dentist. It is also fair to say that there is some "emotional vulnerability" on the part of the patient, although the language used by the author is exuberant. Because of such factors, *informed consent* by the patient is not made on an even playing field.

Maybe one could argue that the principle of empathy could be added to the code of ethics. A dentist needs to not just be truthful but to also be empathetic towards their patient. If a dentist is empathetic toward his or her patient, this could help level the aforementioned power imbalance. Yet the word empathy is not mentioned once in the ADA's Code of Ethics.

I would argue that, to receive proper informed consent, a dentist needs to be both truthful and empathetic toward his or her patient. When a dentist demonstrates such empathy, maybe the aforementioned power imbalance will be less and patients will be making their treatment decisions in a more befitting environment.

*The opinions expressed in this article are solely the author's own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.*



## Overtreatment

*Amberena Fairlee, DMD  
General Dentist, Gilmore Dental*

Overtreatment in dentistry, to me, is indefinable. Ten dentists viewing one patient will inevitably propose ten different treatment plans, some more involved than others. Before I became a dentist, I was a dental assistant in a busy group practice. It didn't take long to see that every dentist sees every patient through a different lens—a lens made of evidence, skill, anecdotes, and risk.

As an assistant, I acted not only to help the dentists but also to serve as a patient advocate when they were confused or overwhelmed with treatment options. This advocate mindset didn't fade with my dental education; it evolved into my take on the "best" way to treat a patient. That sweet spot varies depending on patient and provider.

Overtreatment for financial gains is something that occurs in our profession. As active members of organized dentistry, we like to think that this behavior can't exist because of the slimy reputation it gives all dentists; but the fact of the matter is that humans are humans, and bad behavior comes with all professions. What we dentists can do, though, is educate those around us. Education can exist in many forms for our patients. Often, we feel the need to explain the scientific details of biologic response and bonding mechanisms, when really we should be focusing on the heart of the issue.

From the perspective of patients, overtreatment is feeling as if their dentist is ripping them off financially. It's not about them misunderstanding the science behind our proposals, or being unaware of the many costs that go into becoming and practicing as a healthcare provider. It's about a feeling. We need to start looking at that feeling as the symptom, and work with our patient to treat that first.

The first step to "fixing" the overtreatment issue is actually to step back. Remember that we're in a field of humans working with other humans. Incompatibilities are inescapable. Remember that we have a choice of the patients we treat, and the patients have a choice in the dentist they see. When a patient comes to your office for a second opinion for a treatment plan, look at the entire situation as an incompatibility between that patient and provider, and not an issue of overtreatment. The biggest difference between a lengthy treatment plan and a short one is the patient's comfort level with what has been proposed. If we can connect with our patients, and educate them about the worth of treatment, the cost becomes less of a sticking point, and the entire profession benefits.

*The opinions expressed in this article are solely the author's own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.*



## Use of Evidence

*Tom Hilton, DMD, MS  
Alumni Centennial Chair, Operative Dentistry  
Co-Director, OHSU PROH Network  
OHSU School of Dentistry*

*Jack Ferracane, PhD  
Chair, Restorative Dentistry  
Co-Director, OHSU PROH Network  
OHSU School of Dentistry*

This article is an unfortunate and inaccurate portrayal of evidence-based dental practice. While we certainly agree we need more evidence in dentistry, just as we need more evidence in medicine, the thrust of the article is really about fraud, not lack of evidence. It is really inappropriate and unfair to suggest that dentistry is more prone to gratuitous procedures because there are a few unscrupulous actors out to make a buck. Their actions have nothing to do with the level of evidence available to guide the vast majority of ethical dentists. In fact, there has never been more peer-reviewed evidence available to guide dentists in patient care. Dental schools routinely incorporate evidence-based education in their courses in all disciplines. Increasingly, students are taught how to complete Clinically Appraised Topics (CATs) in which the students are taught a systematic method by which they use the peer-reviewed literature and the most appropriate scientific evidence to answer a clinical conundrum they encounter in patient care. Systematic reviews, considered the highest level of evidence in the scientific literature, are more available to guide dental practice than at any time in the history of the profession. The development and growth of dental practice-based research networks (PBRNs), have been particularly important to the dissemination of evidence to the profession. The OHSU-based Practice-based Research in Oral Health (PROH) network, established shortly after the turn of the millennium, was one of the first such dental PBRNs in the country. PROH, and all PBRNs, promote evidence-based dentistry in two ways: 1) by conducting high-level clinical research in practices, developing evidence in the setting in which the vast majority of dental treatment is rendered, and thereby providing more “real world”-based data to guide dental practice. To quote a popular maxim in the PBRN world, “To have more evidence-based practice, we need more practice-based evidence”; and 2) to disseminate evidence to dental practitioners so they have the appropriate tools to incorporate into their practice. This is done via articles, newsletters, lectures, and scientific meetings such as the annual PROH Meeting in which presenters provide evidence-based answers to clinically relevant questions. (The 2019 PROH meeting is scheduled for October 18 at the World Trade Center in Portland; contact OHSU CE for more information.) No amount of evidence will protect against immoral and unethical practice. However, it is important that the public be made aware that the overwhelming majority of dental practitioners are sincerely engaged in evidence-based oral health care. ●

*The opinions expressed in this article are solely the author's own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.*



# The Culture of Blame

By Caroline Zeller, DDS  
Dentist, SmileKeepers  
Assistant Professor, OHSU General Practice Residency  
Dentist, Virginia Garcia

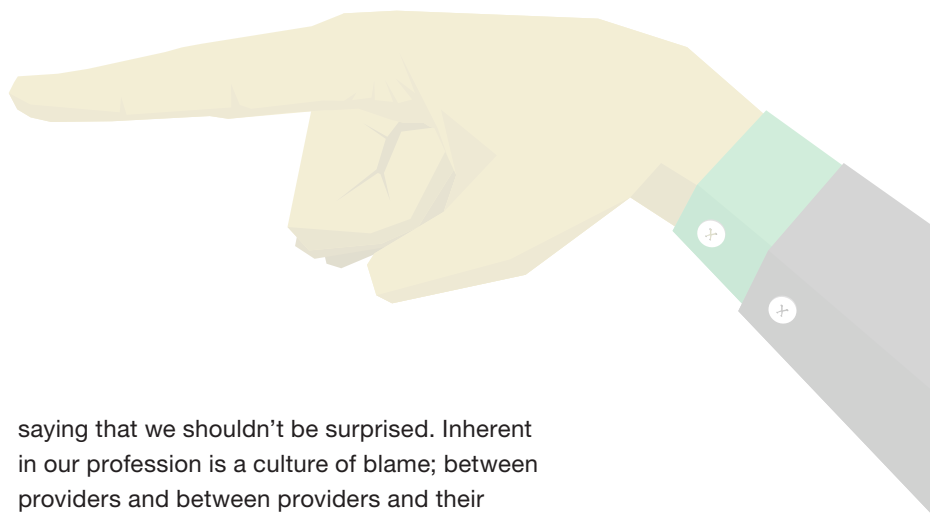
**IT IS NORMAL HUMAN BEHAVIOR** to want to understand why something bad has happened to us. Perhaps we want to know so that we can avoid it happening again in the future. Or maybe we just want to be convinced that it wasn't our own fault. Because one of the most toxic and all-consuming behaviors in the world is self-blame. It is much more natural and easy to point the finger in the other direction. I would argue that our profession does an especially good job of this.

There is a lot of literature in medicine about healthcare striving to transition from a blame culture to a just culture, namely in an attempt to create a safe environment for providers to expose medical errors with the goal of improving patient care. When we fear the repercussions, we are less likely to be transparent. But we are human, and we will never be perfect. I cannot speak to this transition's success. Though I would have to imagine that the profession's united conclusion on the





*“So rather than taking the hand that points in our direction and shifting it slightly, thus diverting us from solutions, what if we decided to simply pause. We must remember that we are not defective, and so we do not deserve to be marginalized and isolated. But we also are not perfect.”*



negative impact of blameful behavior would in itself promote a safer environment to disclose provider imperfections.

When a patient presents to your office with a wide open margin on their new crown, what do you do? What about when you discover a retraction cord left below their gums? What if your patient is looking for a second opinion because their other dentist suggested they remove all their remaining teeth, but you think they would be just fine maintaining some for a partial for the next few years?

How about we point another direction. What if your patient misses multiple appointments? What if they always start crying when they sit in your chair? What if they forget to schedule their cleanings when you were very clear with them that their periodontal disease requires consistent maintenance?

As humans, there are four basic reasons that we feel are worthy of blame. First, we hope to change a person's behavior. Second, we are trying to vent a feeling of anxiety, anger, resentment, pain, or fear. Third, we are trying to escape personal responsibility. And fourth, because we are trying to protect ourselves from being seen as wrong or bad. The problem is that when we criticize and accuse, we shift the focus away from the behavior that needs to be addressed, and onto the explosion that follows. These explosions create divisiveness that, in turn, erodes the trust that we fight so badly to produce.

With the *Atlantic* article, we as a dental profession find ourselves yet again being pointed at, as we have so many times before. I am not saying it is okay, and I am not agreeing with every point made. But I am

saying that we shouldn't be surprised. Inherent in our profession is a culture of blame; between providers and between providers and their patients. So rather than taking the hand that points in our direction and shifting it slightly, thus diverting us from solutions, what if we decided to simply pause. We must remember that we are not defective, and so we do not deserve to be marginalized and isolated. But we also are not perfect. And just like we would like the readers of this article to pause before taking part in this culture of blame, we too should pause in those moments that tempt us to point fingers, and instead focus on solution-based behaviors.

How can we do that? To start, we must remember that each person has their personal limitations based on their personal history. We must assume that everyone is doing as well as they can, considering their experiences. If another option was better and available to/for them, they would have chosen it. Then, we must recognize that in those moments when we are tempted to blame, we must focus on clear thinking rather than reaction-based feelings. And finally, before responding, be very clear about your intention. Responding with criticism, accusation, or humiliation is not going to lead to healthy behavior change.

So go try it out. Rather than spending our time deciding how we want to respond to this article, let us recognize that we are all doing as well as we can. And that each day we have multiple opportunities to pause, use our brains to be clear about our intentions, and to act accordingly. And maybe little by little, if we change from within we won't continue to find ourselves being pointed at as we so often do. ●

# Dr. Calie Roa: From Public Health to Integrated Patient Care

**DR. CALIE ROA FIRST CAME TO OREGON** from South Africa as a college exchange student while majoring in pre-med. After getting to know a local dentist who performed her own root canal, the dentist asked if she had ever considered dentistry and suggested she shadow him in his office for a day. That experience solidified her interest in dentistry, and after she graduated from Southern Oregon University, Dr. Roa went on to complete her dental training at OHSU.

Like many young dentists, Dr. Roa faced significant dental school debt, so she

decided to return to Medford to work in public health at La Clinica Del Valle as a National Health Service Corps scholar to help pay back some of her loans. While Dr. Roa enjoyed the opportunity to give back to the community she has come to call home, she saw first-hand the challenges of working public health.

“Because the need is so great, you tend to be limited in how much dentistry you can do in one visit,” said Dr. Roa. “You want to see more people to get more done, but you often aren’t able to complete treatment. It was very rewarding, though, to see how



grateful our patients were that they had an option to get care.”

She also saw firsthand how the lack of dentists in what could be considered a less urban area of the state can lead to a lack of access to care. While she has enjoyed getting to know her patients and her community on a more intimate and fulfilling level than she could have in a big city, working in Medford has also exposed her to the challenges facing patients who need dental care in some of the smaller Southern Oregon towns, many of whom drive for hours to get to Medford to see a dentist.

Dr. Roa has since joined East Main Dental Center, a private practice in Medford that provides different services to Southern Oregon patients, such as cosmetic dentistry, orthodontics, and implant restoration.

“It’s a fun, rewarding job,” said Dr. Roa. “Medford is also a different kind of market for dentistry, and there’s a lot of camaraderie in the valley between dentists.”

Dr. Roa gives back to her community by hosting school programs to educate kids about proper dental hygiene. These programs are targeted toward preschoolers and kindergartners and use games and other fun tools to teach proper brushing techniques, among other oral health skills.

“The nice thing about being in private practice is that it allows you to be able to give back to your community in these ways,” said Dr. Roa. “We’re able to take some of our dental hygienists with us to local schools to teach the kids the value of oral hygiene.”

Dr. Roa is also excited about the future of dentistry, especially as it relates to more integrated medical and dental patient care. She is particularly interested in the role dentists can play in administering things like the HPV vaccine, performing cancer screenings, and identifying signs of sleep apnea.

“I love the HPV vaccine work that we’re doing in dentistry and that we talk to our patients about that,” said Dr. Roa. “It’s very valuable, and it’s very important that dentists are not afraid to speak to their patients about it. I feel very comfortable talking to parents and patients about it more, especially since we’re seeing that oral cancers due to HPV are on the rise.”

While Dr. Roa has enjoyed all aspects of dentistry she has had the opportunity to work in throughout her career, she is especially excited for the future of coordinated patient care.

“I hope in the future there is more medical-dental fluidity or working together,” said Dr. Roa. “Dental health is a whole health issue. I look forward to seeing how the future of dentistry changes and goes into more of the whole health model.” ●

*“Dr. Roa is excited about the future of dentistry, especially as it relates to more integrated medical and dental patient care. She is particularly interested in the role dentists can play in administering things like the HPV vaccine, performing cancer screenings, and identifying signs of sleep apnea.”*



# The Dental Foundation of Oregon

## Tooth Taxi Re-Wrap

The Dental Foundation of Oregon, along with partners Delta Dental of Oregon and OEA Choice Trust, are excited to share that our Tooth Taxi has undergone a much-needed facelift! After 11 years on Oregon's roads and with more than 75,000 miles on her odometer, the Tooth Taxi spent 2 weeks with the team from GISI Marketing Group back in June undergoing a refresh. In next month's issue, we will unveil the final look. However, we are happy to share these renderings along with a couple of snapshots with the Tooth Taxi undergoing the prep to apply new external vinyl graphics.



MIKE MCGUFFY



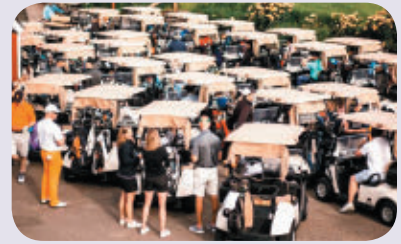
# 2019 Chip! for Teeth Golf Tournament Presented by Delta Dental of Oregon & OEA Choice Trust

On Friday, June 14th, a full field of donors, community, and business partners — all enthusiastic golfers — traveled from all parts of Oregon for a delicious breakfast buffet and morning on the greens followed by a luncheon awards banquet to help raise funds for Oregon’s children and vulnerable communities so they may receive important dental and oral health care.

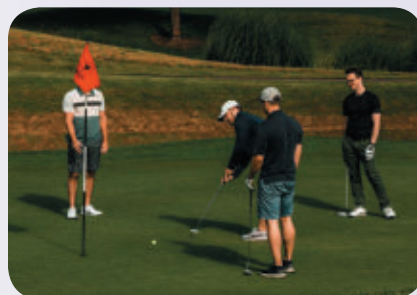
The day began at 6:30 a.m. with a hot breakfast buffet followed by a 7:45 a.m. scramble format, shotgun start. A southern barbecue buffet lunch was served. Soon after players came back from the course, they purchased raffle tickets for a bevy of prizes including Apple store, Costco, McCormick & Schmicks, and Allison Inn & Spa gift cards. For the first-time ever, a helicopter golf ball drop of more than 1,000 balls was held, with the closest to the pin winner, Dr. Leif Gamber, receiving \$500!

Awarded the 2019 championship team trophy was Burkhart Dental. Additional event and team photos can be found on the DFO Facebook page: [www.facebook.com/DentalFoundationofOregon](https://www.facebook.com/DentalFoundationofOregon).

The Dental Foundation of Oregon is grateful to the following businesses, community partners, and volunteers for their support: Dr. Fred Bremner, Steven Doane, Shelley Campbell, Rebecca Lanxon, The Dental Foundation of Oregon Board of Directors, Oregon Dental Association staff and leadership, Carrie Peterson, Langdon Farms Golf Club staff with a special nod to Stephanie Reynolds, Photography by Amy Nicole, and to our sponsors A-dec, Astra Practice Partners, Burkhart Dental, Clackamas County Dental Society, Columbia Bank, Delta Dental of Oregon, Dentegra Insurance Company, Dixon Golf, Emmett Phair Construction, Ferguson Wellman Capital Management, fluence, GIS Marketing Group, Green Sail Transitions, Gresham Toyota, Heritage Bank, Jones & Roth, McCabe Real Estate Group, Mountain Top Practice Transitions, Multnomah Dental Society, OEA Choice Trust, OHSU School of Dentistry, Oregon Academy General Dentistry, Oregon Dental Association, Permanente Dental Associations, Sirius Computer Solutions, The Dentists Insurance Company (TDIC), Washington County Dental Society, West Bearing Investments, Western Construction Services, Inc., and Willamette Dental Group.

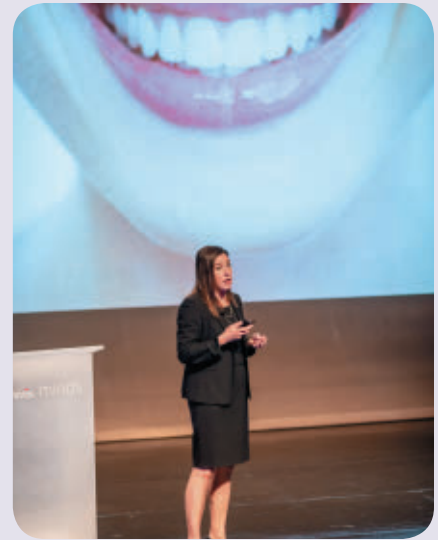


PHOTOGRAPHY BY AMY NICOLE



## Moda Minds 2019

Dr. Teri Barichello, Dental Foundation of Oregon Board President and Chief Dental Officer of Delta Dental Oregon, recently spoke at Moda Minds 2019. A morning of insight and inspiration, the program featured five leading thinkers on the promise and power of community to address the social determinants surrounding the challenges of public health. Dr. Barichello shared her insight in cooperative models of healthcare during her presentation *From First Tooth to Last Resort*.



JASON DESOMER

Group photo (left to right) Richie Etwaru, Jeff Gaus, Dr. William Johnson, MD, MBA, FACS, Dr. Teri Barichello, Shari Dunn, Dr. Honora Englander, and Robert Gootee.

## Tooth Taxi Statistics (September 2008-June 7, 2019)

22,433 Students received **dental screenings**





13,032 Students received **dental appointments** on the Tooth Taxi

23,614 Students received **oral hygiene education** in the classroom

\$7,537,027 Value of **free dental care** provided

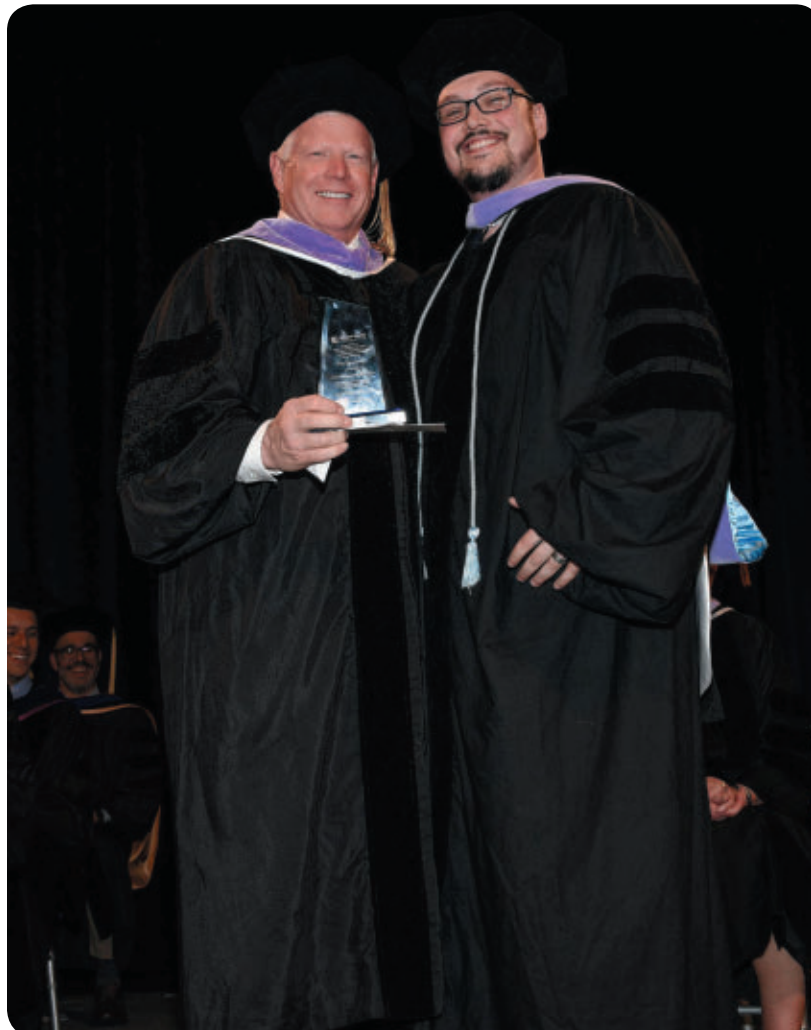
## Social Media

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-  Instagram — [www.instagram.com/toothtaxi](https://www.instagram.com/toothtaxi) 

# Hooding Ceremony and Convocation

**ON MONDAY, JUNE 3RD**, the Oregon Health & Science University's School of Dentistry held the Hooding Ceremony and Convocation for the class of 2019. Oregon Dental Association President James McMahan, DMD, was present to welcome all of the graduates to organized dentistry and award graduate Paul Lamoreau, DMD, with the Oregon Dental Association Leadership Award. The Oregon Dental Association Leadership Award is given to the student who has demonstrated outstanding ability as a strong leader among peers. 📷



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ASSOCIATE SALEM, OREGON Associate position. Large free-standing building with 1 GP, 1 endodontist, and 1 periodontist. Has been a dental office for 40 years. Tiered compensation package and potential equity interest. Contact Megan Urban, 503-830-5765, [megan@omni-pg.com](mailto:megan@omni-pg.com). (OD117)

### PRACTICES FOR SALE

SOUTHERN OREGON Endo Practice for Sale. Annual collections of \$600,000 on 100 days of work. Incredible potential for growth. Doctor will introduce you to all referrals. Asking \$300,000. Email [Megan@omni-pg.com](mailto:Megan@omni-pg.com) for info. (OD105)

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Southern OR Dental, Denturist Practice, Building for sale. Mostly C/B, extractions, bone grafts, dentures. 6 ops. CBCT, 2 soft tissue lasers. 1900sf building, large parking lot. Contact [megan@omni-pg.com](mailto:megan@omni-pg.com), 503-830-5765. (OD127)

LINCOLN COUNTY Large general practice and building for sale. Collecting over \$1.3M, overt 40% profit, 6 weeks vacation. On main road, 5 ops, CBCT, Dentrrix, Dexis. Contact [megan@omni-pg.com](mailto:megan@omni-pg.com); 503-830-5765. (OD133)

SOUTHERN OREGON — GP practice and building for sale collecting \$527,000 in 180 days. Beautifully updated, great location! 5 ops — 4 equipped, 1 plumbed. For more information, contact Megan at [megan@omni-pg.com](mailto:megan@omni-pg.com) or call 503-830-5765. (OD110)

Columbia River Scenic Area — General Practice available for purchase on track to collect \$877K in 2019 working only 3 days per week. This busy 3 Op practice with updated equipment and an above average net (44%) has a lease available with future expansion opportunities. Contact Lynne or Donna at Practice Management Associates [info@practicemanagementassociates.org](mailto:info@practicemanagementassociates.org) or give us a call at 503-912-5160 [www.practicemanagementassociates.org](http://www.practicemanagementassociates.org).

### SPACE AVAILABLE/WANTED

Eugene- 2092 sq. ft. dental space for lease. 5 operatories with beautiful views of a creek and trees. Great location with easy access from anywhere in town. Easy parking in front of office. Call for more information. 541-359-5330. The office is located at 1045 Willagillespie RD. Eugene OR 97401.

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NE Portland/Montavilla Dental, Dental Lab, Denturist or Vet building for sale 1,652 sq. ft. on Glisan at I-205, great visibility 4 ops/exam rooms, very large lab 4,268 SF lot. Contact Megan Urban at [megan@omni-pg.com](mailto:megan@omni-pg.com); 503-830-5765 for details. (OR101)



NE Portland — Charming and impeccably maintained 1 story wood free standing building with parking lot. Great visibility, right off I-84. Currently used as dental practice with 3 operatories. If used for another purpose, could be 5 exam rooms or offices. Contact Megan Urban, [megan@omni-pg.com](mailto:megan@omni-pg.com); 503-830-5765. (OR102)

ALBANY — Building for Lease/For Sale. 2,025 +/- SF freestanding medical/dental building, 4 operatories, paved on-site parking, street signage exposure. Located near hospital & related services. Contact [Megan@omni-pg.com](mailto:Megan@omni-pg.com) for more information. (OD108)

North Bend, Oregon — Medical, Dental, Veterinary Building for Sale. 3850 square foot building built to withstand earthquakes! 2-story 3263 sq. ft. on the main floor with 587 sq. ft. upstairs. Upstairs employee breakroom (kitchen/half bath). Currently occupied- do not disturb tenant. Call Megan Urban at 503-830-5765. (OR103)

LIST OF MEDICAL/DENTAL BUILDINGS FOR SALE OR SPACE TO LEASE  
We have an updated list of medical/dental buildings for sale in Clackamas, Multnomah, Washington, Yamhill, Marion and Polk Counties. Building sizes range from 2,000 sq. ft. to 20,000 sq. ft. Some have existing dental space already plumbed. Contact Megan at [megan@omni-pg.com](mailto:megan@omni-pg.com).



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A small, square portrait of Megan Urban, a woman with short, curly blonde hair, wearing a dark top.



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## INDEX TO ADVERTISERS

### BUSINESS BANKING

Columbia Bank .....	6
<a href="http://www.columbiabank.com">www.columbiabank.com</a>	
Heritage Bank.....	34
<a href="http://www.HeritageBankNW.com">www.HeritageBankNW.com</a>	

### CONTINUING EDUCATION

OR Academy of General Dentistry .....	17
<a href="http://www.oragd.org">www.oragd.org</a>	

### DENTAL BROKERS

Consani Associates, LTD.....	Outside Back Cover
<a href="http://www.mydentalbroker.com">www.mydentalbroker.com</a>	
Paragon Dental Practice.....	34
<a href="http://www.paragon.us.com">www.paragon.us.com</a>	
Professional Practice Specialists .....	16
<a href="http://www.practicesales.com">www.practicesales.com</a>	

### DENTAL INSURANCE

TDIC.....	4
<a href="http://www.dentistsbenefits.com">www.dentistsbenefits.com</a>	

### DENTAL LABORATORIES

Artisan Dental Lab.....	Inside Front Cover
<a href="http://www.artisandental.com">www.artisandental.com</a>	
Assured Dental Laboratory, Inc. ....	8
<a href="http://www.assuredentallab.com">www.assuredentallab.com</a>	
O'Brien Dental Lab, Inc.....	12
<a href="http://www.obriendentallab.com">www.obriendentallab.com</a>	

### DENTAL SUPPLIES

TDSC - The Dentists Supply Company.....	18
<a href="http://www.tdsc.com">www.tdsc.com</a>	

### EMPLOYMENT OPPORTUNITIES

Kaiser Permanente Dental Care Program .....	16
<a href="http://www.pda-dental.com">www.pda-dental.com</a>	

### FINANCIAL SERVICES

Astra Practice Partners .....	Inside Back Cover
<a href="http://www.astrapracticepartners.com">www.astrapracticepartners.com</a>	

### FULL-SERVICE DENTAL

Willamette Dental Group .....	14
<a href="http://www.willamettedental.com">www.willamettedental.com</a>	

### PRACTICE SALES

Mountain Top Practice Transitions .....	14
<a href="http://www.MountainTopPracticeTransitions.com">www.MountainTopPracticeTransitions.com</a>	
Omni Practice Group .....	33
<a href="http://www.omni-pg.com">www.omni-pg.com</a>	



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